THE PRAXIS SERIES: ParaPro ASSESSMENT

Biographical Information Form for Proposed Panel Members

SUBJECT AREA OF		SSIONAL ASSESSEMENT	•		
NAME	PARAPROFESSIONAL ASSESSEMENT E-MAIL				
SCHOOL AND SCHOISTRICT	OOL				
MAILING ADDRES					
	(Street/P.O. Box)				
(City)				(State)	(Zip)
Describe School Loca	ntion URBAN	□ SUBURBAN	□ RURAL		
WORK NUMBER: A	Area Code N	lumber			
COMPLETE HOME					
ADDRESS	(Street/P.O. I	Box)	(City)	(State)	(Zip)
HOME TELEPHON		Number			
SOCIAL SECURITY	NUMBER:				
SIGNATURE			DATE		
Are you a high scho Do you work as an Are you a licensed Did you participate How many years ha	ool graduate or have a GEI instructional paraprofession teacher of record? YE in the pilot for the ParaProfession of the ParaProfe	onal? YES NO S NO O Assessment on September ked as a paraprofessional?	21, 2002? □ YES □	NO	
SCHOOL LEVEL	□ ELEMENTARY	□ MIDDLE	□ SECOND	ARY	
SCHOOL SETTING	□ URBAN	□ SUBURBAN	□ RURAL		
GENDER □ FEMALE □ MALE	SELF-DESCRIPTION AFRICAN AMERICAN OR BLACK AMERICAN INDIAN OR ALASKA NATIVE ASIAN, ASIAN AMERICAN, OR PACIFIC ISLANDER MEXICAN OR MEXICAN AMERICAN OTHER HISPANIC, LATINO, LATIN AMERICAN, OR PUERTO RICAN WHITE OTHER				
DEDCOM DECOMA					
		ANELIST		TITLE	
PLEASE RETURN T		ton of Aggaggment			

Judy Miller, Ph.D., Director of Assessment Indiana Professional Standards Board 101 West Ohio Street, Suite 300 Indianapolis, IN. 46204-1953 Phone: 317-232-9043 Fax: 317-232-9023

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